

YOUTH SERVICES POLICY

Title: Secure Care Sex Offender Direct Admission and Assessment Next Annual Review Date: 09/04/2014	Type: B. Classification, Sentencing and Service Functions Sub Type: 2. Classification Number: B.2.16
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References: LA. R.S. 15:541; 4-JCF-4D-02, 4-JCF-4D-03, 4-JCF-5A-01, 4-JCF-5B-01, 4-JCF-5B-02, 4-JCF-5B-03, 4-JCF-5C-02, 4-JCF-5C-03, 4-JCF-5C-05, 4-JCF-5C-06, and 4-JCF-5C-07; YS Policies B.2.3 "Secure Care Direct Admission", B.2.12 "Fast Track Program", B.2.13 "Secure Care Early Release", B.2.14 "Secure Care SAVRY", B.7.2 "Educational and Work Experience Incentive Program", C.2.11 "Prison Rape Elimination Act (PREA)", C.4.1 "Furlough Process and Escorted Absences", and D.10.32 "SAVRY-Community Based Services"	
STATUS: Approved	
Approved By: Mary L. Livers, Deputy Secretary	Date of Approval: 09/04/2013

I. AUTHORITY:

Deputy Secretary of Youth Services (YS) as contained in La. R.S. 36:405. Deviation from this policy must be approved by the Deputy Secretary.

II. PURPOSE:

To set forth uniform policy and broad procedures governing direct admission and assessment or evaluation of youth entering a YS Secure Care Center for Youth, who have been adjudicated for a sex offense, and to guide the type of "Sex Offender Treatment Program" (SOTP) they shall engage in.

III. APPLICABILITY:

Deputy Secretary, Assistant Secretary, Chief of Operations, Deputy Assistant Secretary, Director of Rehabilitation and Treatment, Central Office Sex Offender Treatment Program (SOTP) Clinical Supervisor, Central Office Health Services Administrator (HSA), Regional Directors, Facility Directors, Regional Managers, and the contracted health care provider (CHP).

IV. DEFINITIONS:

Contracted Health Care Provider (CHP) – Contracted licensed practitioners responsible for the physical and mental well-being of the secure care youth population. Services include medical, dental, and mental health services, nursing, pharmacy, personal hygiene, dietary services, health education, and environmental conditions.

JUMP (Juvenile Understanding and Managing Problems) - Best practice model of sex offender treatment which includes the following treatment components: Clinic-Based and Dorm-Based Sex Offender Treatment Programs.

Psychosexual Assessment - An evaluation that focuses on a youth's sexual development, sexual history, paraphilic interests, sexual adjustment, risk level, and victimology. It also includes a complete social, school, family and other relevant history; case formulation; and specific recommendations for treatment.

V. POLICY:

It is the Deputy Secretary's policy that individual program planning for youth adjudicated for a sex offense and placed in a YS secure care facility, shall include as its primary objectives the provision of protection for the public, staff and youth; a reduction of the risk of sex offending and other delinquent behavior; and the enhancement of youth growth and development.

This may be accomplished through the coordinated efforts of Community Based Services (CBS); contracted mental health psychologists completing assessments and providing mental health services; efforts to foster the continuum of services and supervision that identifies youth for treatment; Juvenile Justice staff who carefully consider and select youth Case Managers and contracted treatment providers; fostering the engagement of youth in pro-social activities, and implementing a continuum of services and supervision within the YS secure care facilities that provides for youth involvement.

VI. PROCEDURES:

- A. All male youth between the ages of 13 and 20, who have been adjudicated for a sex offense under La. R.S.15:541 [see Attachment B.2.16 (a)], which includes "hands on" sexual offenses against children, peers, and adults, and exhibitionism, shall be referred for a psychosexual assessment to be completed by the CHP mental health psychologist. If psychosocial and psychosexual assessments have been conducted within six (6) months of the youths' admittance to BCCY, JCY or SCY, there is no need to repeat these assessments unless the youths' presenting behavior and/or new information warrants a current evaluation.
- B. While the majority of youth evaluated are those who have been adjudicated for a sex offense, other secure care youth with demonstrated sexual behavior problems shall be considered for a psychosexual assessment when there is clear evidence of a history of sexually abusive behavior.

- C. If the court order does not specifically state that a psychosexual assessment is to be conducted, the Case Manager or CHP mental health psychologist shall notify the CO SOTP Clinical Supervisor that the youth has an adjudicated sex offense with no recommendations for assessment or treatment.

The CO SOTP Clinical Supervisor shall contact the youth's Probation and Parole Officer/Juvenile (PPO/J) within 24 hours to determine if a psychosexual assessment is required.

Within 24 hours of the PPO/J's response to the query, the psychologist shall be notified by the CO SOTP Clinical Supervisor whether or not a psychosexual assessment needs to be completed.

- D. Direct Admission procedures shall be followed and shall also include a psychosexual assessment, which shall be completed by the CHP mental health care psychologist within 30 days of request, utilizing the following YS approved assessment instruments indicated:

1. Hostility Toward Women (HTW) (*administered to youth 18 or older*);
2. Adolescent Cognition Scale (ACS);
3. Assessment of Sexual Interest Cardsort (ASIC);
4. Inventory of Callous Unemotional Traits (ICU); and
5. Juvenile Sex Offender Assessment Protocol - 11 (J-SOAP-II).

If it is felt that due to the youth's cognitive impairments an instrument not listed above should be used, the CHP psychologist shall consult with the CO SOTP Clinical Supervisor to identify the appropriate course of action needed to satisfy completion of the evaluation.

- E. Upon completion of the psychosexual assessment, the CHP psychologist shall forward the assessment to the CO SOTP Clinical Supervisor (JUMP), SOTP Program Manager, treatment providers, Case Managers and Mentors.

The CO SOTP Clinical Supervisor shall direct the SOTP Program Manager, treatment provider and/or Case Manager to schedule a multidisciplinary staffing within 48 working hours (excluding weekends and holidays), if there are no extenuating circumstances, to review the assessment report's treatment and placement recommendations.

If current psychosexual and psychological assessments are not warranted, a multidisciplinary staffing shall be scheduled within 48 hours (if there are no extenuating circumstances), of receipt of the youth's most current psychosexual and psychological assessments to review placement and treatment recommendations.

If the extenuating circumstance(s) impacts the team's ability to convene within 48 working hours, the team shall convene within 24 hours after the crisis has been resolved.

If the team members fail to convene within the 24 hour period, the CO SOTP Clinical Supervisor shall be provided an explanation by the facility Treatment Director and the BCCY, JCY, or SCY Health Services Administrator (HSA).

Staff required to attend the multidisciplinary staffing shall include the following:

1. CO SOTP Clinical Supervisor;
2. CHP mental health psychologist or designee completing the assessment or evaluation (via phone or in person);
3. Facility SOTP team; and the
4. Facility SOTP team from the sending facility, if applicable.

The multidisciplinary staffing shall be documented on a "Summary of Staffing" form in JETS within seven (7) working days, and a hard copy with signatures placed in the youth's Master Record under Clip II.

- F. The level of appropriate sex offender treatment is decided at the multidisciplinary staffing, and may include a recommendation for either the JUMP clinic-based or the high-need clinic-based (both located at all secure care facilities), or the dorm-based treatment program located at Bridge City Center for Youth (BCCY).

If a youth from Swanson Center for Youth (SCY) or Jetson Center for Youth (JCY) is recommended for the dorm-based treatment program at BCCY, a "Transfer Request Form" (TRF) [refer to YS Policy B.2.2 (I)], shall be completed by the sending facility and forwarded to the CO Director of Treatment and Rehabilitation/designee for approval. The youth shall be transferred to the dorm-based JUMP Program at BCCY within 24 hours of the TRF approval.

If the youth is staffed at BCCY, and recommended for dorm-based treatment, he shall be placed in the JUMP Program within 24 hours.

If no sex offender treatment dorm-based bed is available, the youth shall be placed on a waiting list and transitioned to the dorm-based treatment program as soon as a bed is accessible. In the interim, the youth shall receive the dorm-based treatment while he is awaiting placement in the sex offender treatment dorm.

If the youth is recommended for clinic-based or high-need clinic based, he shall remain at or transfer to the secure care facility closest to the location of his family for treatment.

- G. If there are delays in receiving completed psychosexual evaluations by the CHP within the stated timeframe, the CO SOTP Clinical Supervisor shall contact the BCCY, JCY or SCY HSA, who shall implement corrective actions immediately.

The CO SOTP Clinical Supervisor and the CO HSA shall receive notice of the corrective actions from the BCCY, JCY or SCY HSA.

If the matter has not been resolved timely, a formal monitoring plan with timelines shall be instituted by the CO HSA, with input from the CO SOTP Clinical Supervisor, to correct the deficiencies.

- H. The BCCY, JCY or SCY HSA and the CHP psychologist shall be notified of all scheduled staffings to ensure that either the psychologist or a designee attends the staffing. The CO SOTP Clinical Supervisor shall inform the BCCY, JCY or SCY HSA if the psychologist/designee is not present for the staffing,

The BCCY, JCY or SCY HSA shall immediately put corrective measures into place, forwarding a copy to the CO SOTP Clinical Supervisor and the CO HSA. If attendance is not resolved, a formal monitoring plan shall be instituted by the CO HSA, with input from the CO SOTP Clinical Supervisor to correct the deficiencies.

VII. QUALITY ASSURANCE:

The CO SOTP Clinical Supervisor shall notify the BCCY, JCY or SCY HSA, the CO HSA, the Director of Treatment and Rehabilitation, and Continuous Quality Improvement Services (CQIS) of any requests for corrective action and/or unresolved deficiencies from either the facility or the CHP mental health psychologist for quality assurance purposes.

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Documentation shall be provided in conjunction with the secure care quarterly treatment reviews for reporting purposes.

Previous Regulation/Policy Number: B.2.16
Previous Effective Date: 09/26/2011



Attachments/References: [B.2.16 \(a\) List of Sex Offenses 2-18-13.docx](#)